REFERRAL FORM

PERINATAL AND MATERNAL MENTAL HEALTH SERVICES

Please refer to PMMHS **Referral Guidelines** for more details.

For **emergency help** call 999 or direct people to their A&E department.
For **urgent help** refer to the local **Somerset First Response Service on 0300 124 5016.**

We will always be available to have a clinical discussion with you regarding mental health concerns for any woman or birthing person, including women or birthing people with a pre-existing mental health condition who are considering becoming pregnant.

If you wish to make a referral, please complete the form below and email to the Perinatal and Maternal Mental Health Team email box: **PerinatalMHReferrals@SomersetFT.nhs.uk**
In the subject box please write *'Referral'*.

If you would like to discuss your referral, please telephone the team: 01278 454185.
Please do not leave referrals by telephone message only.
Please note that referrals may not be screened on the same day of being sent.

We do not provide a service on Bank Holidays or weekends or before 09.00 or after 17.00.

PLEASE NOTE:
All referrals must display a level of mental health complexity which means that the woman or birthing person would not be able to access therapeutic support via primary care services.

Moderate/Severe/Complex mental health problems may be experienced as high levels of distress, thoughts of suicide or self-harm, and/or self-neglect impacting on current functioning. Women and birthing people may have had previous contact with secondary mental health services, and/or a previous diagnosis of a severe mental health problem.

If there is current risk of suicide, recent attempts of suicide, or thoughts of harming others, a referral to the First Response Service will need to be made by calling 0300 124 5016.
If there is evidence of possible postpartum psychosis, a psychiatric assessment must take place within four hours.

PMMHS are not able to offer an urgent response however, we will endeavour to support the First Response Service to coordinate any additional support or admissions to Mother and Baby Unit.

All clinicians should be familiar with the specific clinical and risk profiles associated with the perinatal period, for example, the red flags for suicide risk:

- Recent **significant** changes in mental state or emergence of new symptoms.
- **New** thoughts or acts of violent self-harm.
- **New** and **Persistent** expressions of incompetency as a mother or estrangement from the infant.

Reason for referral:

We will always be available to have a clinical discussion with you regarding mental health concerns for any woman / birthing person including women / birthing person with a pre-existing mental health condition who are considering becoming pregnant.

Moderate/Severe/Complex mental health problems and the following:

PERINATAL MENTAL HEALTH SERVICE	MATERNAL MENTAL HEALTH SERVICE
• Prescribed Sodium Valproate • Confirmed Diagnosis or history of Bipolar Affective Disorder, experience of any Psychotic episode including Post-Partum Psychosis or Schizophrenia • Substance/Alcohol misuse • First relative with diagnosis of Bipolar Affective Disorder or Psychosis • Learning Disabilities/Autistic Spectrum Disorder/Neurodivergent • First known episode of mental health difficulties • Severe anxiety • Severe depression • Suicidal risk and or risk of self-harm • Harm to others, including the baby • Significant interference of daily functioning • Previous post-partum illness (Post-Partum Psychosis, Severe Postnatal Depression) • Complex psychotropic medication; requiring advice for preconceptual advice, pregnancy and infant feeding • Family history of postnatal illness • Significant maternal infant relationship concerns • Symptoms of psychosis (auditory hallucinations, voices, overactivity, severe sleep deprivation etc). • Adverse Childhood Experiences (ACES)	• Trauma occurring in the neonatal/ maternal/perinatal context (e.g. those experiencing PTSD following traumatic birth or PTSD as a result of NICU experience). There is no limit set on time since the trauma. • Loss occurring in the neonatal/ maternal/perinatal context. This may include those who have experienced loss of a baby through intra-uterine death, neonatal death, still birth, early miscarriage, recurrent miscarriage, or termination of pregnancy for any reason. • The removal of their baby due to Local Authority planning. • Ongoing trauma or grief response relating to the removal of a previous baby due to Local Authority planning, where the woman/birthing person is currently pregnant and is likely to have the opportunity to parent the unborn baby, or postnatally up to the point where the baby is 24 months old. • A severe fear of childbirth (Tokophobia) which either predates pregnancy (primary Tokophobia), or a fear which has developed after a traumatic or distressing delivery (secondary Tokophobia). • A severe fear of medical procedures relating to pregnancy or the unborn baby (including assessment of foetal growth and wellbeing, and diagnosis and management of foetal disorders or abnormalities).

Summary of mental health needs and vulnerabilities including any of the above:

Referrer details

Name:

Team/Organisation:

Contact Details:

Personal details of person being referred

Full Name:

Gender and preferred pronoun:

Date of Birth:

Ethnicity/Nationality/Religion:

Individual Needs:
Please add any details regarding individual needs to be considered including language/communication needs, disabilities, cultural or religious needs; please also detail any difficulties with using an online consultation platform for appointments, and mobile phone, and any environmental factors that may be a barrier to engagement.

NHS number:

Address & Post Code:

Contact details including e-mail**:**

Next Of Kin details & Emergency Contact phone number:

Has the person consented to this referral? Please document how consent was obtained and any concerns regarding capacity to consent (Mental Capacity Assessment).

Please note: consent to this referral includes consent for the team to liaise with wider mental health services felt to be relevant and appropriate to the persons care and treatment; this can include community mental health teams, open mental health, talking therapies and the voluntary, charity and social enterprise sector.

Professionals Involved including contact details

Details of GP:

Community Mental Health Services: (including CMHT, Talking Therapies, Open Mental Health, VCSE etc.)

Adult and/or Children Social Care:

Other: (including SDAS, SIDAS etc.)

Midwife:

Obstetrician:

Health Visitor:

Other Parent/Significant Other who may have contact with unborn/baby/client

Full Name and date of birth:
Please include any adult who will be providing caring responsibility for baby such as new partner, grandparents or other relative/friend.

Gender and preferred pronouns:

Is the other parent/significant other aware of the referral?

Does the named referred client consent for the other parent/significant other to be contacted?
PMMHS will seek to offer the other parent/significant other an assessment of their own mental health; to do this, we will require consent from the referred client to enable us to make contact.

Address if different to client:

Contact details: email and telephone number

Pregnancy/History of Birth and Pregnancy/Details of Child/ren:

How many pregnancies has this person had?

If pregnant, what is the EDD for baby, and which hospital is this person planning to deliver at?

How many living children does this person have?
DOB, NHS number, addresses (if known) for all children (of both parents)
Who has parental responsibility (PR)
Include date of any stillbirth and the gestation at stillbirth

Summary of birth trauma/losses in perinatal period and the impact of trauma/losses on functioning.
Please consider flashbacks, concentration/memory, nightmares, physical symptoms, avoidance

Bond and Feelings about Pregnancy / Infant:

For living children and ongoing pregnancies only
Feelings of parents towards pregnancy / baby; in their words.
Observation of bond and attachment; in your words, as referrer.

Some parents and carers might not have spent much time thinking about their relationship with their baby yet, but this might be a good opportunity to start exploring this with the person.
There are no right or wrong answers.

Reflecting on parent-infant relationships: a practitioner's guide to starting conversations - GOV.UK

Current Risks: include historic and acute known risks to self, risk to others (inc. baby/children) and risk from others. Also include any safeguarding concerns

Client Goals: What does the person want help/support with? What are their hoped-for outcomes from the referral?

Medical History Include details of allergies: (or attach summary)